

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13766

FILED MAY 14 1953

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY DONALDSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (In this place) 1 WK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp.				d. STREET ADDRESS (If rural, give location) 4615 Delmar			
3. NAME OF DECEASED (Type or Print) a. (First) D. b. (Middle) Patrice c. (Last) Ransdell		4. DATE OF DEATH (Month) (Day) (Year) April 18 53					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant. 0		8. DATE OF BIRTH Jan 3, 1952		9. AGE (In years last birthday) 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Kenneth Ransdell		13b. MOTHER'S MAIDEN NAME Myra Woods		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Kenneth Ransdell ADDRESS St. Louis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Thymicolymphaticus ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		273X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Quinton T. Adams, M.D.				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 5/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/20/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG 5-8-1953		REGISTRAR'S SIGNATURE Carl Husband		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Haver & Fennell, Inc., St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-12-53
COUNTY FILE NUMBER 553 - 123

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Edwin Clomon*
Student Embalmer No.

Licensed Embalmer No. 4840

P. O. Address *Senath, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.